

Description of Service/Treatment	Services rendered as part of hospitalisation – subject to pre-authorisation	Services rendered NOT as part of hospitalisation
<b>OVERALL MAXIMUM</b>	None	To be self-funded
<b>HOSPITALISATION</b>		
Accommodation, theatre, medicine and material used whilst hospitalised	100% of Agreed Tariff	Not applicable
Outpatient treatment at hospital facility	Not applicable	To be self-funded
Medicine received on discharge from hospital	100% of Agreed Tariff (GRP applies), if purchased on date of discharge	
<b>MEDICAL PRACTITIONERS</b>		
Consultations/ Visits	150% of Medical Scheme Rate – unlimited	To be self-funded
Radiology	150% of Medical Scheme Rate – unlimited	To be self-funded
ECHO-tests	150% of Medical Scheme Rate – unlimited	To be self-funded
MRI-, CT-scans and radio-isotope studies (Benefits subject to separate pre-authorisation)	150% of Medical Scheme Rate – R1 100 co-payment applies	150% of Medical Scheme Rate – R1 100 co-payment applies
Pathology	150% of Medical Scheme Rate – unlimited	To be self-funded
Clinical Procedures	150% of Medical Scheme Rate – unlimited Co-payments applicable to certain elective procedures, unless funded as PMB treatment Refer to Members' Guide for details	150% of Medical Scheme Rate for the following, subject to pre-authorisation: - Upper and lower gastro-intestinal endoscopy (excl. sigmoidoscopy and anoscopy) - Laser tonsillectomy - 24-hour oesophageal pH studies - Oesophageal motility - Yag laser - Photocoagulation therapy - Photodynamic therapy All other clinical procedures = To be self-funded
Cochlear Implants	150% of Medical Scheme Rate, limited to R52 500 per implant	Not applicable
Material and injection material administered in doctor's rooms	Not applicable	To be self-funded
<b>MATERNITY</b>		
Foetal Scans	150% of Medical Scheme Rate – unlimited	To be self-funded
Ante-natal Classes	Not applicable	100% of cost, limited to R1 100 per family per year
Confinement	Benefits as described in respect of Hospitalisation and Medical Practitioners	
<b>AUXILIARY SERVICES</b>		
Physiotherapy	150% of Medical Scheme Rate - unlimited	To be self-funded
Medical Technology	150% of Medical Scheme Rate - unlimited	To be self-funded
Clinical Technology	150% of Medical Scheme Rate - unlimited	To be self-funded
Speech Therapy and Occupational Therapy	150% of Medical Scheme Rate - unlimited	To be self-funded
Podiatry, orthoptic treatment, hearing aid acoustics, consultations with dietitians, chiropractors, osteopaths, homeopaths, naturopaths, herbalists and biokinetics	To be self-funded	To be self-funded
Aromatherapy, acupuncture and reflexology	To be self-funded	To be self-funded
<b>OPTICAL</b>		
Consultation	Not applicable	To be self-funded
Spectacles and Contact Lenses	Not applicable	To be self-funded
Refractive Surgery	To be self-funded	To be self-funded
<b>SECONDARY FACILITIES</b>		
Treatment that forms part of a Case Management Programme	100% of cost, subject to approval by Case Manager	100% of cost, subject to approval by Case Manager
<b>REHABILITATION</b>	To be self-funded, except for cases managed as part of a Case Management Programme, where a medical report was submitted by the attending physician	
<b>AMBULANCE SERVICES</b>		
Preferred Provider (ER24)	Not applicable	100% of Agreed Tariff for emergency transport to and from a hospital
Non-preferred Provider	Not applicable	100% of Medical Scheme Rate, limited to R1 700 per family per year

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<b>BLOOD TRANSFUSIONS</b>	100% of cost	100% of cost
<b>MEDICAL AND SURGICAL PROSTHESIS / APPLIANCES</b>		
Internal Prosthesis	Specific sub-categories with limits apply. Please refer to Members' Guide for detail	
External Prosthesis	100% of cost, limited to R39 700 per family per year – subject to approval by Case Manager	
Orthopaedic Appliances	100% of cost limited to R5 700 per family per year, subject to Case Management	
Medical Appliances	Not applicable	To be self-funded
Hearing Aids	Not applicable	To be self-funded
<b>DENTISTRY</b>		
Basic	To be self-funded	To be self-funded
Specialised	To be self-funded	To be self-funded
<b>MAXILLA-FACIAL AND ORAL SURGERY</b>		
Elective	To be self-funded	To be self-funded
Non-elective (excluding extractions)	150% of Medical Scheme Rate - R1 100 co-payment applies	150% of Medical Scheme Rate - unlimited
Implantology	To be self-funded	To be self-funded
<b>PRESCRIBED MEDICINE</b>		
Chronic (member must apply for benefit)	Not applicable	100% of Agreed Tariff (GRP), limited to R19 600 per family per year
Acute	Not applicable	To be self-funded
Immunisations	Not applicable	To be self-funded
Oral contraceptives and IUD's	Not applicable	To be self-funded
<b>NON-PRESCRIBED MEDICINE (PAT)</b>		
	Not applicable	To be self-funded
<b>CASE MANAGED / DISEASE MANAGED CONDITIONS / PROCEDURES</b>		
Organ Transplants	The following benefits apply to organ donors in RSA: R31 500 for a live donor, R18 900 for a cadavre. Benefit in respect of donors only allowed if the recipient of the organ is a beneficiary of the Scheme. Specific radiology and pathology tests associated with transplant procedure also qualify for benefit	
Chronic Renal Failure	150% of Medical Scheme Rate for kidney dialysis, incl. associated radiology and pathology tests - unlimited	
Oncology	Benefit managed as part of an Oncology Benefit Management Programme. Overall limit R231 100 per family per year with a sub-limit of R115 600 for biological drugs, if approved by Scheme. Please refer to Members' Guide for more detail	
Asthma, Chronic Obstructive Airways Disease, Diabetes and Cardiacare	Benefits managed by the Scheme and payable as per the applicable benefits described elsewhere in this summary	
Oxygen therapy	100% of cost of oxygen therapy (cylinders included) subject to Case Management	
<b>AIDS AND HIV</b>	Benefits managed as part of a Disease Management Programme	
<b>FOREIGN CLAIMS</b>	No benefit, except for Namibian claims	
<b>MENTAL HEALTH</b>		
Clinical Psychology	150% of Medical Scheme Rate – unlimited – provided that treatment must form part of Case Management Programme	To be self-funded
Psychiatry	Benefit as described elsewhere in this summary for Medical Practitioners and Hospitalisation. Treatment to be obtained in a mental health institution, as approved by the Scheme	
<b>PRESCRIBED MINIMUM BENEFITS (PMB)</b>	Benefits subject to application and provided that the treatment and/or chronic medicine is received from a designated service provider. If voluntarily obtained from any other provider, a co-payment (determined by the Scheme) will apply. Scheme protocol apply	

## Contributions - effective 1 January 2011

	Principal member	Additional Adult Dependant	Additional Minor Dependant (payable up to maximum 3)
<b>Contributions</b>	<b>R2 174</b>	<b>R1 932</b>	<b>R 658</b>

ABBREVIATION: GRP = Generic Reference Pricing  
PMB= Prescribed Minimum Benefits

Medical Scheme Rate= Reference Price or such other rate as agreed by the Scheme

This is only a summary of the Benefits and Contributions. In case of a dispute the Registered Scheme Rules will apply. Reg. No: 1446 FSP No: 15494